

**BOARD OF OPTOMETRY**

2420 Del Paso road, Suite 255
 SACRAMENTO, CALIFORNIA, 95834
 (916) 575-7170 / (866) 585-2666
 www.optometry.ca.gov



REQUEST TO REPLACE LOST/STOLEN/DESTROYED LICENSE(S)

BOARD USE ONLY

Cashiering # _____

OPT # _____

FEE: \$25.00 each**Name of license holder:****License number(s) of each license you are requesting to replace:**

OPT#: _____

☐ 8 ½ X 11" Engraved Wall Certificate☐ Renewal Wall & Pocket Licenses

SOL#: _____

☐ Renewal Wall License

BOL#: _____

☐ Renewal Wall License

COR#: _____

☐ Renewal Wall License

FNP#: _____

☐ Renewal Wall License

Number of licenses ordered: _____

Fee for each license ordered x \$25.00

Amount enclosed _____

What happened to the original license(s)?

The requested license(s) was/were:

☐ Lost☐ Stolen☐ Destroyed

Other (explain) _____

Legal Notices:

Business and Professions Code Section 3110 (i) defines unprofessional conduct as "procuring a license by fraud, misrepresentation, or mistake." Business and Professions Code Section 3110 (u) defines unprofessional conduct as "permitting another person to use a licensee's optometry license for any purpose constitutes unprofessional conduct."

Declaration and signature:

I certify under penalty of perjury under the law of the State of California that the license(s) listed above have not been given away, loaned or sold to any person, nor transferred to the possession of any person for consideration whatsoever and that the information given by me in completing this application, and any attached information, is true and I understand and agree that any misstatements of material facts herein may be cause for denial of this request and/or for subsequent suspension or revocation of my license to practice optometry in the state of California.

Signature of License Holder_____
Date